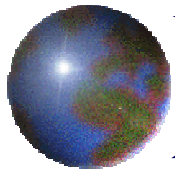


# *DoD Global Influenza Surveillance Program*

## 2004-2005 Provider Information

Prepared by: AFIOH/RSRH

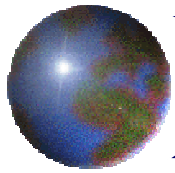
Information current as of 20 Sep 04



# DoD Global Influenza Surveillance Program

## Topics

- ⊕ Flu surveillance: Why do it?
- ⊕ Results from last season
- ⊕ Sentinel sites & collaborating DoD labs
- ⊕ How to: ILI case definition & sampling
- ⊕ Benefits
- ⊕ Contact information



# DoD Global Influenza Surveillance Program

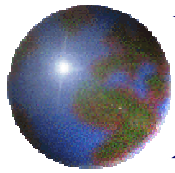
## Influenza Surveillance: Why do it?

✚ Your MTF is a participating

*SENTINEL SITE*



- Your unit's geographic location or mission may facilitate the entry of new flu strains
- The DoD influenza surveillance program relies on your specimens for this reason



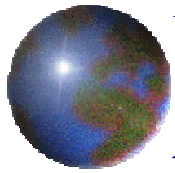
# DoD Global Influenza Surveillance Program

## Influenza Surveillance: Why do it?

### ✿ Disease Perspective

- ✦ High morbidity and mortality
- ✦ Susceptible populations: recruits
- ✦ Identification of outbreaks and unusual strains (e.g., avian influenza)





# DoD Global Influenza Surveillance Program

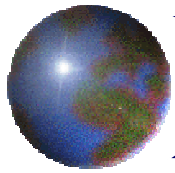
## Influenza Surveillance: Why do it?

✿ Policy Perspective: It's mandated!

- ▣ Health Affairs annual memo

- ▣ AF only: AFMSA memo

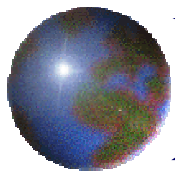




# DoD Global Influenza Surveillance Program

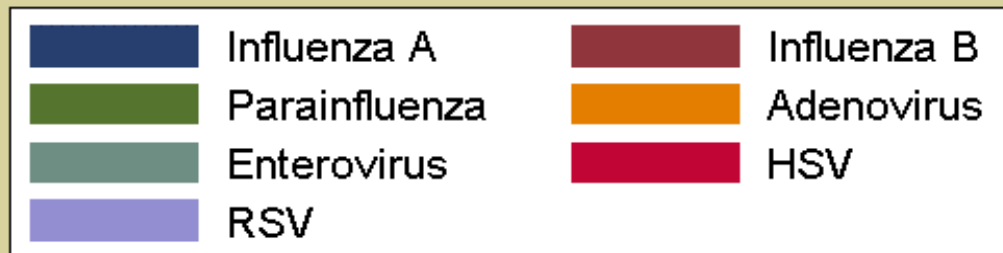
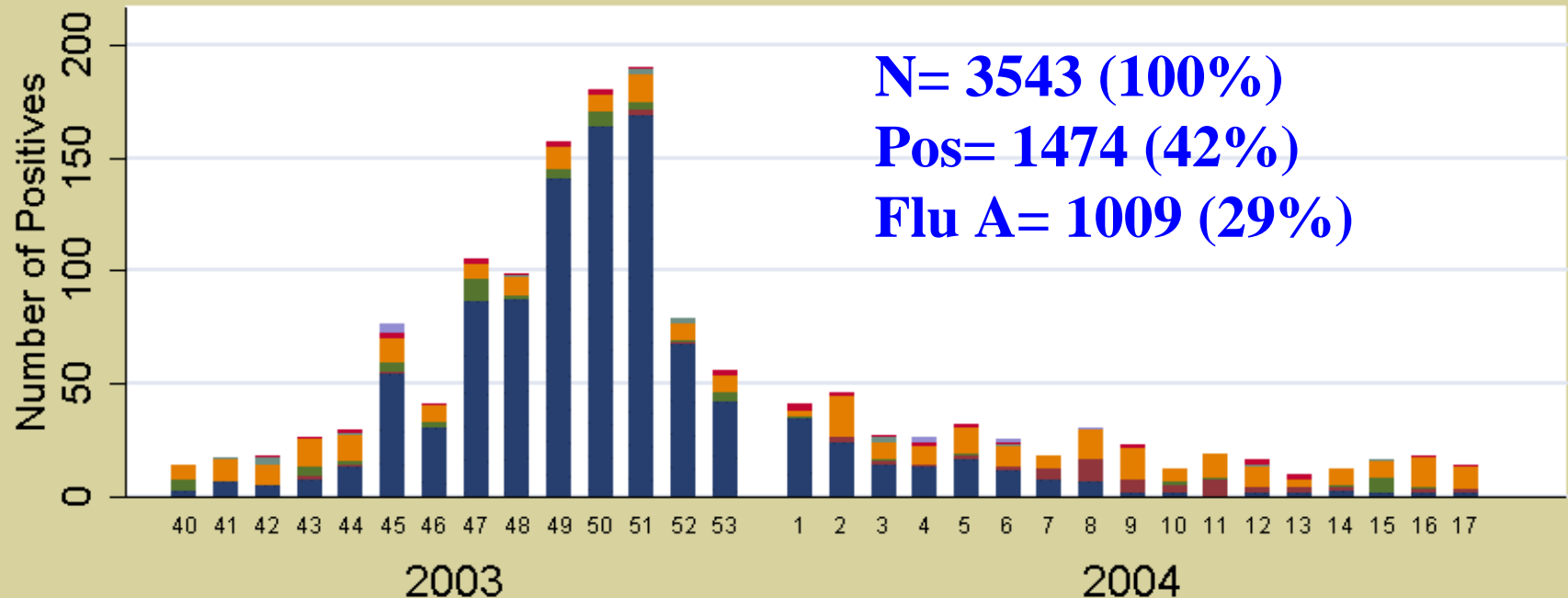
## *2003-2004 Influenza Season Results*

- ✚ Contributions from all sites help make influenza surveillance possible
- ✚ The following graphs are a result of **your** specimens!

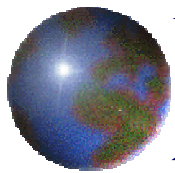


# DoD Global Influenza Surveillance Program

## Positive Viral Results by Week and Year Influenza Season 2003-2004

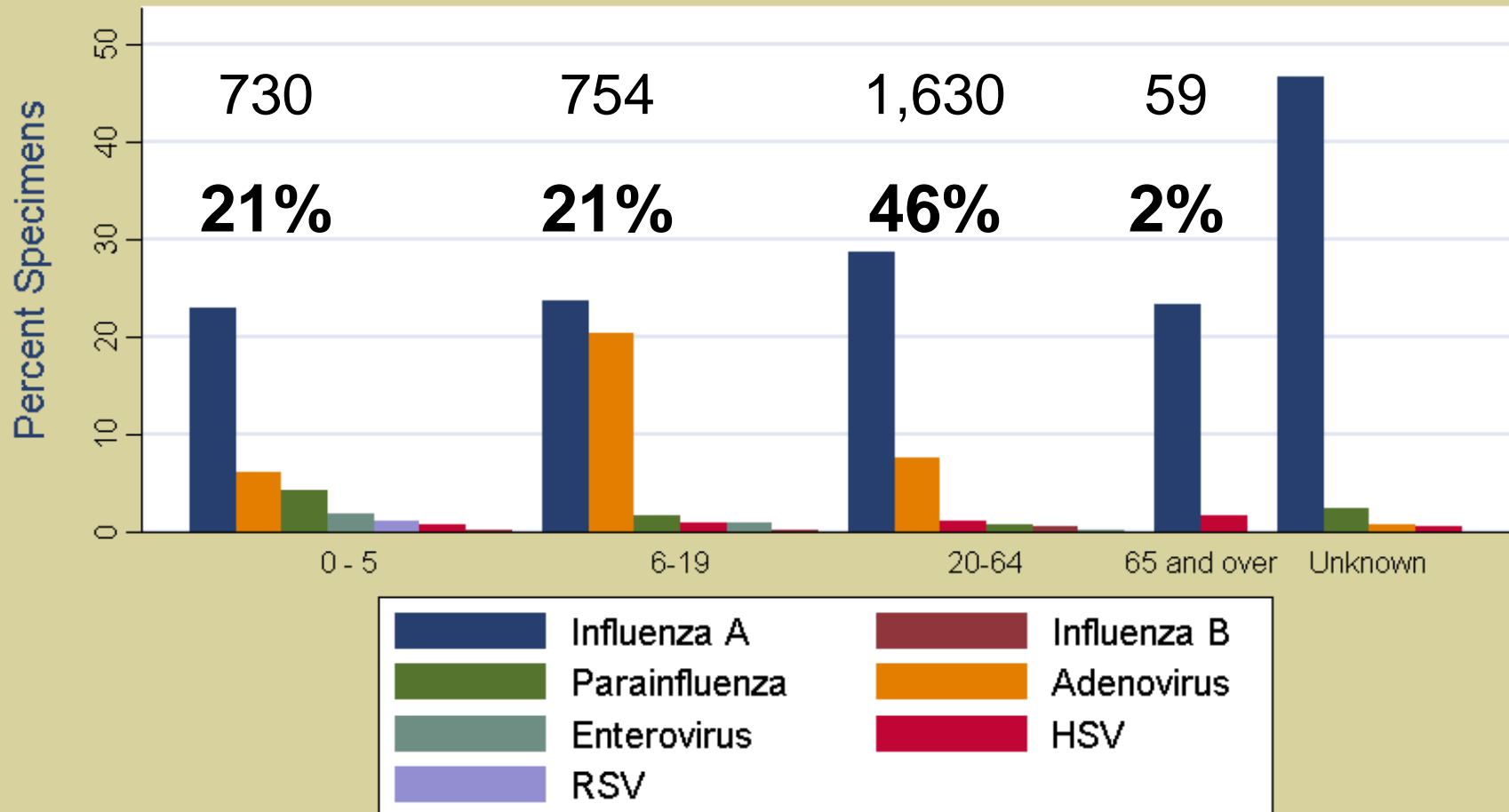


As Of 20 Sep 2004



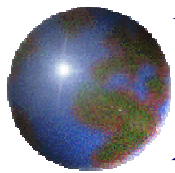
# DoD Global Influenza Surveillance Program

Percent of Respiratory Virus Submissions by Age Group  
Influenza Season 2003-2004



As of 3 May 2004

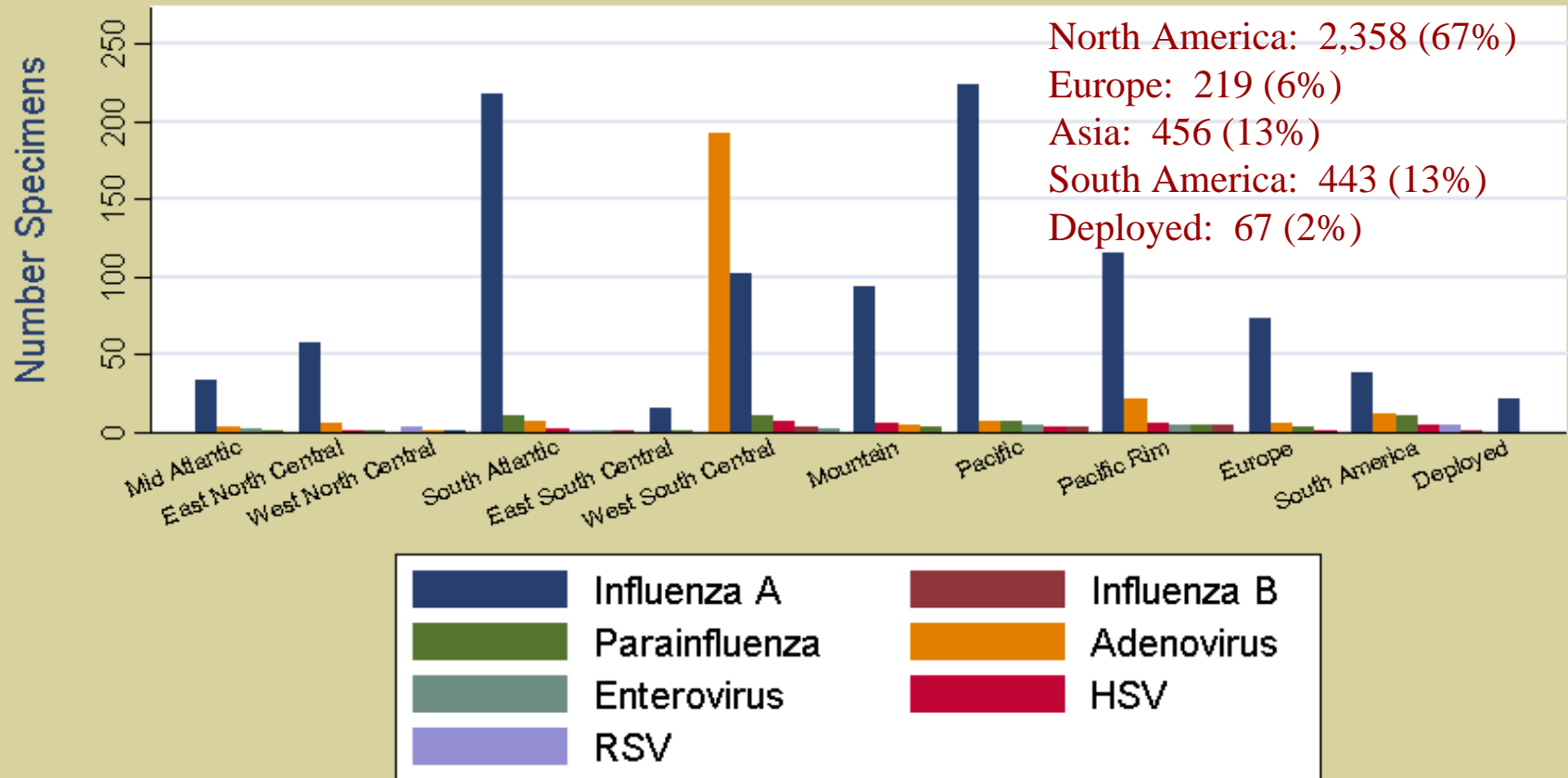




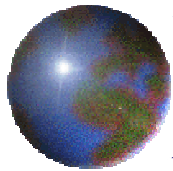
# DoD Global Influenza Surveillance Program

## Number of Respiratory Virus Submissions by Region

Influenza Season 2003-2004



As of 5 May 2004



# DoD Global Influenza Surveillance Program

## Sentinel Sites

### ● **Army (2)**

- Tripler AMC, HI

### ● **Navy/Coast Guard (7)**

- NAB Little Creek, VA
- NH Yokosuka, Japan
- NMC San Diego
- NH, Guam

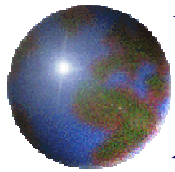
### ● **Air Force (22)**

- Andersen AFB, Guam
- Aviano AB, Italy
- Elmendorf AFB AK
- Incirlik AB, Turkey
- Kunsan AB, R.O.K.
- McGuire AFB NJ
- Osan AB, R.O.K.
- Ramstein AB, Germany
- Travis AFB CA
- Yokota AB, Japan

- Landstuhl RMC, Germany

- NH Pearl Harbor, HI
- NH Bremerton
- CGS Ketchikan

- Air Force Academy CO
- Andrews AFB MD
- Hickam AFB HI
- Kadena AB, Japan
- Maxwell AFB AL
- Misawa AB, Japan
- RAF Lakenheath, U.K.
- Scott AFB IL
- Sheppard AFB TX
- Three deployed sites



# DoD Global Influenza Surveillance Program

## *Sentinel Sites: Deployed Locations*

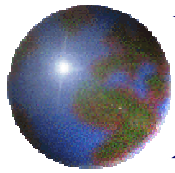
### ✚ One New Deployed Site:

- ▣ Tallil AB, Iraq

### ✚ Current Deployed Sites:

- ▣ Manas AB, Kyrgyzstan

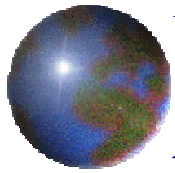
- ▣ Al-Udeid AB, Qatar



# DoD Global Influenza Surveillance Program

## *Collaborating DoD Research Labs*

- Armed Forces Research Institute for Medical Sciences (AFRIMS)
  - Nepal
  - Thailand
  - Maldives
  - Cambodia
- Naval Medical Research Institute Detachment (NAMRID)
  - Argentina
  - Bolivia
  - Ecuador
  - Peru
  - Colombia



# DoD Global Influenza Surveillance Program

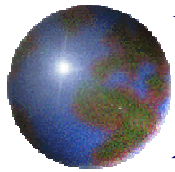
## *ILI Case Definition*

**Fever (100.5° Fahrenheit)**

**AND**

either cough or sore throat (<72 hours duration)

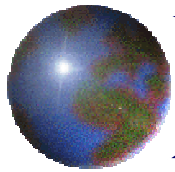




# DoD Global Influenza Surveillance Program

## ***\*\*IMPORTANT: PLEASE NOTE***

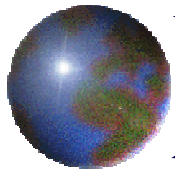
- Please adhere strictly to the ILI case definition when collecting samples.
- If your MTF sees fewer than 6 patients displaying ILI symptoms in a given week, you may send fewer than 6 samples; please do not send samples from asymptomatic patients.
- From a 2003-2004 influenza season AFIOH study:
  - Patients who met case definition: 14/33 were positive for a viral infection
  - Did not meet case definition: 5/60 were positive for a viral infection



# DoD Global Influenza Surveillance Program

## *\*\*IMPORTANT: PLEASE NOTE*

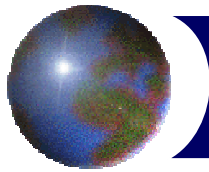
- ✿ For the 2004-2005 influenza season and beyond, the AFIOH preferred specimen type is the **nasal wash** (rather than throat swabs).
- ✿ Nasal washes, or other respiratory washings, are superior for direct specimen testing by PCR. AFIOH is developing a PCR screen for avian influenza. **For suspected avian influenza specimens, nasal washes may allow for quicker processing and results (as early as 24-48 hours from time of specimen arrival).**
- ✿ If nasal wash collection is not possible at your facility, AFIOH will still accept swab specimens.



# Adult Nasal Wash

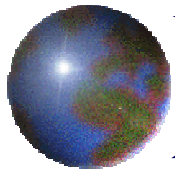
- Clean excess mucus.
- Have the patient sit in a chair, head tilted back, making a continuous “k-k-k” sound, holding a specimen cup at mouth level
- Express 5cc normal saline into one nostril. Immediately, have patient sit up and lean forward, allowing fluid to drain into the specimen cup.
- Send specimen to the laboratory in the sealed cup.
- Keep cold. Specimens may be stored at 2-8°C up to 24 hours. If longer delays are anticipated, specimens should be frozen at
- -70°C. DO NOT freeze the specimen in a normal -20 °C laboratory freezer.





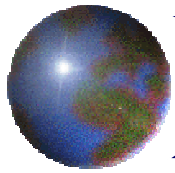
# Pediatric Nasal Wash

- Wipe excess mucus from the nose
- Using a bulb syringe, suction 5 cc NS into syringe. Use 1-2 mL of sterile saline for infants, 2-4 mL for larger children or adults.
- Have the patient lying down with head tilted back (it helps if a second person holds a baby or small child).
- Insert bulb into the nostril until the opening is occluded. In one motion, gently squeeze wash fluid into the nostril and then release the bulb pressure to collect the fluid again into the bulb.
- Empty the collected material into a sterile container or back into the nasal wash media tube. Keep the specimen cold and transport to the laboratory.



# Benefits of Participation

- Help CDC determine flu strains for yearly vaccines – “cutting edge”!
  - Recognize new antigenic shift and drift
- Cases and trends will be reported back to you
  - Via laboratory reports or local Public Health Office
- Because you care & want healthy patients!



# DoD Global Influenza Surveillance Program

## *Contact Information*

### ✚ Internet

✚ <https://gumbo.brooks.af.mil/pestilence/Influenza>

### ✚ E-mail

✚ [Influenza@brooks.af.mil](mailto:Influenza@brooks.af.mil)

### ✚ Telephone

✚ Lab: DSN 240-1679/8383

✚ Lab Customer Service (for supplies): DSN 240-8378

✚ Epidemiology Services: DSN 240-3471